


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. 125477
Applicant(s): Robert M. Vavreck et al.			
Serial No. 10/065,422	Filing Date 10/16/2002	Examiner Louis M. Arana	Group Art Unit 2859
Invention: Gradient Coil Apparatus For Magnetic Resonance Imaging			
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I hereby certify that this _____ <u>Transmittal and Amendment</u> _____ (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9318</u> )			
on <u>9/24/03</u> (Date)			
_____ Nancy Mather (Typed or Printed Name of Person Signing Certificate)			
_____ Nancy Mather (Signature)			
Note: Each paper must have its own certificate of mailing.			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Dock t No. 125477		
Applicant(s): Robert M. Vavrek et al.					
Serial No. 10/065,422	Filing Date 10/16/2002	Examiner Louis M. Arana	Group Art Unit 2859		
Invention: Gradient Coil Apparatus For Magnetic Resonance Imaging					
<b><u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25 -	25 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	9 -	9 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 07-0845 A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 _____ Signature			Dated: 09/24/03		
Terry J. LaMontagne Reg. No. 47,239 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929 Customer Service No. 23413 Confirmation No. 6750			<div style="border: 1px solid black; padding: 5px;"> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div>		
CC:					

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P. 03  
V. Brown  
10/2/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: ROBERT M. VAVREK ET AL. )  
 ) Group Art Unit:  
 ) 2859  
SERIAL NUMBER: 10/065,422 )  
 )  
FILED: October 16, 2002 ) Examiner:  
 ) Arana, Louis M.  
 )  
FOR: GRADIENT COIL APPARATUS ) Confirmation No.  
FOR MAGNETIC RESONANCE ) 6750  
IMAGING )

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SEP 25 2003

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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RESPONSE TO OFFICE ACTION - AMENDMENT

This amendment is submitted in response to the Office Action dated September 08,  
2003. Allowance of all claims is respectfully requested.